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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/934,970 08/21/2001
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/09/2002

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>RL</i>	STATE OR COUNTRY NC	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

Compositions and methods for the treatment of glaucoma or ocular hypertension

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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